

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 03/12/02?
 - b. The request was received on 06/17/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 07/11/02. The Requestor did not respond per Rule 133.307 (g)(3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g)(4). The Respondent's 3-day response is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: none submitted
2. Respondent: none submitted

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 03/12/02.
2. The carrier's EOB has the denials "G – REIMBURSEMENT FOR THIS PROCEDURE IS INCLUDED IN THE BASIC ALLOWANCE OF ANOTHER PROCEDURE", "A – PREAUTHORIZATION REQUIRED BUT NOT REQUESTED" and "F – N THE MEDICAL FEE GUIDELINE STATES IN THE IMPORTANCE OF PROPER
3. CODING 'ACCURATE CODING OF SERVICES RENDERED IS ESSENTIAL FOR PROPER REIMBURSEMENT'. THE SERVICES PREFORMED[sic] ARE NOT REIMBURSABLE AS BILLED."
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MAR	REFERENCE	RATIONALE:
03/12/02	63047-L1-80	\$1000.00	\$0.00	A	\$885.00	Texas Workers' Compensation Act & Rules, Rule 133.307 (g)(3)(B)	When determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the all services were rendered as billed. Also, Commission Rule 133.307 (g)(3)(B) requires "a copy of any pertinent medical records or other documents relevant to the fee dispute." The Requestor has failed to submit any medical documentation for this dispute. Therefore, no additional reimbursement is recommended.
	63048-51-80	\$200.00	\$0.00	G	\$177.00		
	22630-L2-80	\$1000.00	\$0.00	F	\$412.50		
	22625-L2-80	\$1000.00	\$0.00	A	\$316.13		
	22650-L3-80	\$1000.00	\$159.25	F	\$637.00		
	22842-80	\$1000.00	\$0.00	A	\$850.00		
	22830-80	\$1000.00	\$0.00	A	\$417.25		
	20975-80	\$250.00	\$0.00	A	\$113.75		
	15570-80	\$500.00	\$0.00	A	\$126.50		
	15734-80	\$500.00	\$0.00	A	\$477.75		
Totals		\$7450.00	\$159.25				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 19th day of November 2002.

Larry Beckham
 Medical Dispute Resolution Officer
 Medical Review Division